

# Prescribing...

## Benzodiazepines Part 1

- ✚ This month's prescribing bulletin looks at the dangers of prescribing benzodiazepines (BZPs) long term.
- ✚ BZPs in combination with alcohol and or other sedating drugs can be lethal.
- ✚ For common indications occurring in primary care e.g. anxiety, depression, and insomnia other interventions are better and safer for our patients.
- ✚ There are emotional adverse effects associated with long term use and the cognitive effects of long term BZP use are now considered more significant than previously thought.
- ✚ Combined these may cause new symptoms and problems over time, which may worsen rather than improve the situation of individual patient.

### How safe and effective are benzodiazepines ?

BZPs are relatively safe compared with other drugs used in psychiatry. However we must not forget that they can be lethal in combination with alcohol and/or other sedating drugs such as opioids, promethazine, doxylamine, illicit drugs, chloral hydrate etc. There have been numerous high profile deaths from overdoses of these combinations including Marilyn Monroe, Amy Winehouse, Michael Jackson, Anna Nicole Smith, Howard Hughes and Elvis Presley.



Despite the vigilance of the islands' customs officers, illicit BZPs are bought by islanders from overseas on line pharmacies and promethazine is available over the counter.

Up to half of long term users of prescribed BZPs in the UK are dependent on them. The numbers involved have been estimated as being between 0.5 and 1.5 million people. Up to 22% of people entering addiction treatment in the UK are dependent on illicitly obtained BZPs.

BZDs are effective in most anxiety disorders, but other treatments are better, and the adverse effects and associated risks are now considered to out-weigh any benefits.



NICE recommends that they not be used in the care of people with panic disorder with or without agoraphobia or those with generalized anxiety disorder, as antidepressants result in better patient outcomes. Only some very short term use in a crisis situation may be acceptable. Many patients seen in primary care are being prescribed the drugs for insomnia, but it is now accepted that whilst they work, other treatments are far better.

BAP Insomnia guidelines recommend the following

- First treat the cause of insomnia ...the 5 Ps...see below \*
- CBT is effective in 1 to 1 or in small group setting.
- CBT is as effective as medication for chronic insomnia and its effects are longer lasting.
- Dependence risk is reduced by intermittent use.
- S/R Melatonin improves sleep in people aged over 55 years, but is very expensive.

\*

1. Physical : apnoea, asthma, tinnitus, pain, prostatism, pruritis, restless leg, oesophagitis.
2. Psychiatric : Depression, anxiety, mania.
3. Pharmacological : Alcohol, caffeine, prescribed medicines, illicit drugs, nicotine, beta-blockers, bronchodilators, some antidepressants.
4. Physiological: Late night eating, activities eg. Late night exercise, noise, jet lag, pregnancy, shift work, daytime napping, excessive dieting.
5. Psychological : Stress, grief, worries, poor sleep habits, vigilance at night e.g. children.

Given all of the risks, it is vital that we use them **short term only** because

- BDZ are symptomatic treatments only, they have a high relapse rate.
- The 'slippery slope' applies, short term use can become longer term.
- This is not the best long term solution for the patient.
- Accumulation of subtle adverse effects can be seen with longer term use.
- Abuse /unscantioned use is a risk in some groups.
- Dependence develops.

**Long term** use is not recommended as BDZ

1. Can delay recovery from emotional disorders e.g. grief & depression.
2. Are less good than antidepressants/psychological work for anxiety disorders.
3. Cause increasing anxiety & low mood in longer term.

Furthermore the following **cognitive effects** are more significant than thought previously

1. Memory problems, which occur routinely in regular users.
2. Difficulty in acquiring new information at therapeutic doses.
3. Deficit in remembering recent events.
4. Chronic sedation.
5. Interference with concentration and attention.
6. Chronic emotional suppression.
7. Reduced coping skills.

**Transient Global Amnesia** has been reported with high dose BDZ use. This is described as a loss of memory of the previous day's events, whilst behaving and appearing normally. Patients may feel invincible and invisible, to the point of committing a crime in view of security staff. These problems, over time, may result in **new symptoms and difficulties** for the individual, such as increased anxiety, agoraphobia, panic attacks and depression.

The contents of this bulletin are taken from the Presentation by Dr Fergus Law, Princess Elizabeth Hospital, July 2012

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